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Bib Data Sheet

CONFIRMATION NO. 2833

SERIAL NUMBER 09/352,959	FILING DATE 07/14/1999 RULE	CLASS 711	GROUP ART UNIT 2188	ATTORNEY DOCKET NO. 0100.9900940
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APPLICANTS

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** CONTINUING DATA *****

nonePMV

** FOREIGN APPLICATIONS *****

nonePMV

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/06/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR	SHEETS	TOTAL	INDEPENDENT
Verified and Acknowledged Examiner's Signature	<u>Burne D. Tol</u>	COUNTRY CA	DRAWING 5	CLAIMS 22	CLAIMS 4

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TITLE

METHOD AND APPARATUS FOR VIRTUAL ADDRESS TRANSLATION

FILING FEE RECEIVED 962	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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